

HAYSMED

Nephrology Center of Western Kansas Request for Consultation

2214 Canterbury Drive, Suite 202

Hays, KS 67601

785.261.7672

FAX 785.261.7686

Physician Preference: _____

Patient Name: _____ Date: _____

DOB: _____ SSN: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Address: _____

City

State

Zip Code

Requesting Physician: _____

Physician's Address: _____

City

State

Zip Code

Phone: _____ Fax: _____

Reason for Consultation:

Is the patient a Veteran? ☐ Yes ☐ No If yes, has a request of service (ROS) been sent? ☐ Yes ☐ No

**We require all of the following records to be faxed with this form to process your referral.
Thank you for your cooperation.**

- Last office note
- Lab reports - last 3 years
- Current and complete medication list
- Imaging reports - last 3 years

Signature of Person Completing Form

Date/Time



DOB: D A/Sdt:

